

Association of Self Advocates of NC Board Application Form

Assistance in completing this application is available by contacting
Chris Smith, 919 449 7969 or Email: sportsman10081@yahoo.com

What officer position would you like to run for? _____

(First Name) _____ (Last Name) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ E-MAIL: _____

SEX: ____ MALE ____ FEMALE

AGE RANGE: ____ 18 – 39 ____ 40 – 59 ____ 60 and over

I am a North Carolina resident and live in _____ County.

I am a person with a developmental disability. ____ Yes ____ No

My race/ethnicity is to ensure diversity on the Board.

Asian ____ Black, not of Hispanic/Latino origin ____

Hispanic/Latino ____ Pacific Islander ____

North American Indian or Alaskan Native ____

White, not of Hispanic/Latino origin ____

Please answer the following questions: (Use as much space as you need to answer fully)

1. Why are you interested in serving on the Board of ASANC?

2. Please describe your previous non-profit/advocacy experience.

3. What particular skills, training, resources and expertise will you bring to the ASANC Board?

4. Do you have enough time to work on committees?

5. You are to come to Board meetings at least four times a year for two years?
And you need to attend and be involved in subcommittees as well.
What is your vision for ASANC in one year? in five years?

My preferred mode of communication is: ____ e-mail ____ phone ____ surface mail.

Please list one reference to someone that knows your work involving self advocacy.

I have read and understand the job requirements for the officer position that I am running for (see attached document). If selected to serve on the Board of Directors of the Association of Self Advocates of North Carolina, I agree to participate in the training and orientation program for all Board members. I also agree to travel and participate in quarterly meetings of the Board, which will be held around the state of NC. I understand if I am unable to attend official ASANC meetings on a regular basis, I may be replaced as outlined in the By-laws. I also understand that I will be expected to participate on committee(s) and complete other assignments as needed. ASANC will reimburse me for my travel costs consistent with ASANC policies.

Signature

Date

You may submit this application to:

Board Applications

ASANC

7650 Pangea Lane #300

Raleigh, NC 27616